



Final Recommendation for Disability Questions

<p>1. The next questions ask about any health conditions, impairments, or disabilities you may have.</p> <p>Due to a health condition, impairment, or disability, are you limited in any of the following major life activities? (Read answer categories)</p> <p>(Mark X all that apply.)</p> <p>a. Self-care, such as bathing, dressing, or feeding yourself?</p> <p>b. Communicating, such as talking with or listening to other people?</p> <p>c. Learning any new skills or activities?</p> <p>d. Mobility, such as bending, walking, climbing stairs, or carrying something weighing approximately 10 pounds?</p> <p>e. Self-direction, such as making important decisions concerning your health care, education, or career?</p> <p>f. Living independently, such as preparing meals, shopping for groceries and personal items, and doing housework?</p> <p>g. Managing finances, such as keeping track of your money and paying bills?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p>CHECK ITEM A</p> <p>Look at 1. Is "Yes" or "Don't Know" marked for any Item a-g?</p>	<p><input type="checkbox"/> Yes - Ask Question 2</p> <p><input type="checkbox"/> No - END INTERVIEW</p>
<p>2. What specific health conditions, impairments, or disabilities do you have which limit your ability to [fill with 'Yes' responses from Question 1]?</p> <p>FIELD REPRESENTATIVES - List first 3 conditions reported by respondents</p>	<p>0 <input type="checkbox"/> None - END INTERVIEW</p> <p>1 <input type="checkbox"/> _____</p> <p>2 <input type="checkbox"/> _____</p> <p>3 <input type="checkbox"/> _____</p>
<p>CHECK ITEM B</p> <p>Look at 2. Is only one health condition, impairment, or disability reported?</p>	<p><input type="checkbox"/> Yes - Ask Item 3a</p> <p><input type="checkbox"/> No - Ask Item 3b</p>

3a. You just reported that [fill with health condition from Question 2] limits your major life activities. Has this condition lasted longer than six months?	<input type="checkbox"/> Yes - SKIP to Check Item C <input type="checkbox"/> No - SKIP to Check Item C
3b. You just reported that [fill with health conditions from Question 2] limits your major life activities. Which of these conditions lasted longer than six months?	0 <input type="checkbox"/> None 1 <input type="checkbox"/> _____ 2 <input type="checkbox"/> _____ 3 <input type="checkbox"/> _____
CHECK ITEM C Look at 2. Is only one health condition, impairment, or disability reported?	<input type="checkbox"/> Yes - Ask Item 4a <input type="checkbox"/> No - Ask Item 4b
4a. Do you consider your [fill with health condition from Question 2] to be mild, moderate, or severe?	1 <input type="checkbox"/> Mild 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Severe 4 <input type="checkbox"/> Don't know SKIP to Check Item D
4b. Do you consider your [fill with FIRST health condition from Question 2] to be mild, moderate, or severe? And what about your [fill with SECOND health condition from Question 2]? Do you consider it to be mild, moderate, or severe? And what about your [fill with THIRD health condition from Question 2]? Do you consider it to be mild, moderate, or severe?	1 <input type="checkbox"/> Mild 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Severe 4 <input type="checkbox"/> Don't know 1 <input type="checkbox"/> Mild 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Severe 4 <input type="checkbox"/> Don't know 1 <input type="checkbox"/> Mild 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Severe 4 <input type="checkbox"/> Don't know
CHECK ITEM D Is respondent's age greater than or equal to 22?	<input type="checkbox"/> Yes - Go To Check Item E <input type="checkbox"/> No - SKIP to 6a
CHECK ITEM E Look at 2. Is only one health condition, impairment or disability reported?	<input type="checkbox"/> Yes - Ask Item 5a <input type="checkbox"/> No - Ask Item 5b
5a. Did your [fill with health condition from Questions 2] begin before age 22?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
5b. Which of your health conditions, impairments, or disabilities began before age 22?	0 <input type="checkbox"/> None 1 <input type="checkbox"/> _____ 2 <input type="checkbox"/> _____ 3 <input type="checkbox"/> _____
6a. Earlier you reported [fill with incident]. Do you have any reason to suspect you were victimized because of your health condition(s), impairment(s) or disability(ies)?	1 <input type="checkbox"/> Yes - Ask Item 6b 2 <input type="checkbox"/> No - END INTERVIEW 3 <input type="checkbox"/> Don't know - END INTERVIEW
6b. Which of your health conditions, impairments, or disabilities do you believe caused you to be targeted for the [fill with incident]?	1 <input type="checkbox"/> _____ 2 <input type="checkbox"/> _____ 3 <input type="checkbox"/> _____

On October 27, 1998, the President signed into law the Crime Victims With Disabilities Awareness Act, PL 105-301. The intent of this bill is to collect information about the victimization of persons with disabilities, particularly those with developmental disabilities. The Act directs the Department of Justice to conduct a study to increase our knowledge about crimes against individuals with developmental disabilities that will be useful in developing new strategies to reduce these crimes. The Act also directs the Department of Justice to collect and add to the NCVS statistics on crimes against victims with disabilities.

Since the bill's enactment, BJS personnel have initiated a broad range of activities to fulfill this legislative mandate. In August 1999, BJS convened a group of experts to inform and advise us on many issues related to identifying and surveying persons with disabilities. BJS staff members have also conducted an extensive review of existing literature on disability statistics, attended conferences, met with National and State authorities in the area of disability statistics, and become active participants in interagency working groups dealing with disability statistics, all with the intent of formulating a sound data collection strategy and developing a useable set of draft questions.

Adding questions on disability is only one aspect of the strategy BJS has adopted to meet the challenge of measuring victimization of persons with disabilities. Other steps we are taking include working toward enhancing the NCVS sample to contain greater numbers of persons with disabilities; conducting studies to determine what modifications to questionnaires, training materials, and survey procedures will be necessary in order to conduct interviews of persons with particular kinds of disabilities; and designing and implementing an institutional component of the victimization survey. Your review and comments to the disability questions will be one important element within this multifaceted effort to fulfill this mandate.

The Census Bureau, in conjunction with the Bureau of Justice Statistics, developed questions to collect this information as part of the NCVS. BJS is soliciting comments from members of academia, Federal and State agencies, and advocacy groups with the intent of "fine tuning" these questions. The proposed disability questions are as follows: